

C

APPLICATION FOR A COMMERCIAL OR INDUSTRIAL PERMIT

PERMIT NUMBER _____

ACCEPTED BY _____

APPROVED BY _____

CITY OF GAUTIER

Application is hereby made for a permit under the provisions of the Comprehensive Zoning Ordinance of the City of Gautier and the Building, Fire Prevention and other applicable Codes of the City of Gautier and any amendments thereof, for the erection, construction, alteration, repair, relocation or change in use as indicated hereinafter and as shown in the accompanying plans and specifications and the representations therein contained are made a part of this application. In making this application the undersigned hereby acknowledges the validity of the zoning, fire prevention, building and other applicable ordinances and codes of the City of Gautier, and agrees that the provisions thereof shall be binding upon applicant as a condition precedent to the issuance of a permit.

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

1. PROPERTY LOCATION
STREET NAME: _____

NUMBER: _____

LOT & BLOCK NO.
(IF APPLICABLE) _____

2. CLASS OF WORK

☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ ACCESSORY BUILDING☐ OTHER _____

3. OWNER

PRESENT ADDRESS _____

PHONE _____

4. CONTRACTOR

ADDRESS _____

PHONE _____

5. EXISTING USE OF PROPERTY _____

6. INTENDED USE _____

7. VALUATION OF WORK _____

DO NOT WRITE IN THIS SPACE

___ BUILDING FEE _____

___ ELECTRICAL FEE _____

___ PLUMBING FEE _____

___ MECHANICAL FEE _____

TOTAL: _____

8. STRUCTURE INFORMATION

SQ. FT. OF LOT _____

BUILDING SIZE

WIDTH _____

LENGTH _____

HEIGHT _____
(ROOFTOP)BUILDING _____
(SQUARE FOOTAGE)

BUILDING MATERIALS

FOUNDATION _____

EXT. WALL _____

INT. WALL _____

ROOF _____

9. SIGNATURE _____

DATE _____

ALL PLANS & SPECIFICATIONS MUST BE ATTACHED

FOR OFFICE USE ONLY

(A) FLOOD PLAIN INFORMATION: FLOOD ZONE _____ CERTIFIED ELEV. IF IN "A" ZONE _____

(B) PARKING SPACES: REQUIRED _____

ORIG	VIC		SEC	TS	RG	FL	CLASS	UNITS		
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(C) ZONING DISTRICT _____

(D) AREA, SETBACK REG:
GREATER SETBACKS (IF APPLICABLE)

(E) PC HEARING NO. _____